

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015937

STATE FILE NUMBER

Registration District No. 351- Primary Registration District No. 8099 Registrar's No. 28

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|---|--|------------------------------------|--|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u> | | Length of stay in 1b <u>2 weeks</u> | | c. CITY OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>M. Larney Manor</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>903 North Main</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>PHILLIP FRED WEAVER</u> | | | | 4. DATE OF DEATH Month Day Year <u>April 18, 1962</u> | | | | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8/3/1881</u> | | 9. AGE (last birth day) <u>80</u> | | IF UNDER 1 YEAR Months Days Hours Min. <u>8 15</u> | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u> | | 11. BIRTHPLACE (City and state or country) <u>Laclede, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |
| 13a. FATHER'S NAME <u>Taylor Weaver</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Luticia Anderson</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Hettie Weaver, Brookfield, Mo.</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT Address <u>Hettie Weaver, Brookfield, Mo.</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SENILITY.</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 MO.</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>FRACTURE OF HIP</u> | | | | | | | | | | | | | |
| DUE TO (c) _____ | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL IN FLOOR AT HOME.</u> | | | | | | | | | |
| 20c. TIME OF INJURY Hour <u>2</u> Minute <u>14</u> p.m. <u>62</u> | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u> | | 20f. CITY, TOWN, OR LOCATION <u>903 N MAIN</u> | | COUNTY <u>LINN</u> | | STATE <u>MO.</u> | | | | | |
| 21. I attended the deceased from <u>FEB 14, 1962</u> to <u>APRIL 18</u> and last saw her/him alive on <u>4-18-62</u> Death occurred at <u>10:20</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>N. H. Potter Sr.</u> | | | | | | 22b. ADDRESS <u>Brookfield Mo.</u> | | | 22c. DATE SIGNED <u>4-19-62</u> | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>April 21, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u> | | | | 23d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>4-19-62</u> | | 26. REGISTRAR'S SIGNATURE <u>Acene Watson</u> | | | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. J. Lindley*

Licensed Embalmer No. 4822

P. O. Address Chillicothe Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.